



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/812,639	03/20/2001	Michael R. Levine	LVN-08602/03

CONFIRMATION NO. 1113

## FORMALITIES LETTER



\*OC000000006015299\*

Gifford, Krass, Groh  
280 N. Old Woodward Ave., Suite 400  
Birmingham, MI 48009

Date Mailed: 04/27/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 65.

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
  - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. ( 5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

*A copy of this notice MUST be returned with the reply.*

*John Paul*

07/05/2001 AZERGAN1 00000140 09812639 65.00 0P  
01 FC:205

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

**Response To Notice To File Missing Parts Of Application**  
**Filing Date Granted (PTO-1533)(Small Entity)**

Docket No.  
LVN-08602/03

In Re Application Of: Levine

Serial No.  
09/812,639

Filing Date  
March 20, 2001

Examiner

Group Art Unit  
2164

Invention: **METHOD OF PAYMENT FOR A HEALTHCARE SERVICE**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Box Missing Parts

This is a response to the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533) mailed on  
April 27, 2001  
Date

Enclosed herewith for filing are the following:

- ☒ A copy of the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533). **(REQUIRED)**
- ☐ An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date.
- ☒ A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date.
- ☐ An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date.
- ☐ A verified English translation of the non-English language application papers as originally filed. It is requested that this translation be used as the copy for examination purposes in the United States Patent and Trademark Office.
- ☐ \_\_\_\_\_ verified small entity declaration(s)
  - ☐ is/are attached.
  - ☐ was/were filed on \_\_\_\_\_
- ☐ A separate request for refund.
- ☒ Other (list):

**Request for Corrected Filing Receipt**  
**Copy of filing receipt**  
**\$25 fee**  
**Two sheets drawings**

Refund Ref: 07/05/2001 AZEGBA01 0000106751 *ME*  
CHECK Refund Total: \$25.00

**Response To Notice To File Missing Parts Of Application  
Filing Date Granted (PTO-1533)(Small Entity)**

Docket No.  
LVN-08602/03

In Re Application Of: Levine

Serial No.  
09/812,639

Filing Date  
March 20, 2001

Examiner

Group Art Unit  
2164

Invention: **METHOD OF PAYMENT FOR A HEALTHCARE SERVICE**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Attention: Manager, Application Branch

☒ Completion of application fees as calculated below:

☐ Utility application filing fee \_\_\_\_\_

☐ Design application filing fee \_\_\_\_\_

☐ Total number of independent claims = \_\_\_\_\_

☐ Total number of claims = \_\_\_\_\_

☐ Multiple dependent claims \_\_\_\_\_

☒ Surcharge for late payment of filing fee and/or late filing of original declaration or oath **\$65.00**

☐ Petition and fee for filing by other than all the inventors or a person not the inventor \_\_\_\_\_

☐ Fee for processing an application filed with a non-English language specification \_\_\_\_\_

☐ Fee for processing and retention of application \_\_\_\_\_

Total completion of application fees **\$65.00**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the above-identified Notice to File Missing Parts of Application. The requested extension is as follows (check time period desired). If an additional time extension is required, please consider this a petition therefor.

☐ One month    ☐ Two months    ☐ Three months    ☐ Four months    ☐ Five months

from: \_\_\_\_\_ until: \_\_\_\_\_  
Date Date

Total time extension fees \_\_\_\_\_

Total fees due **\$65.00**

**Response To Notice To File Missing Parts Of Application  
Filing Date Granted (PTO-1533) (Small Entity)**

Docket No.  
LVN-08602/03

In Re Application Of: Levine

Serial No.  
09/812,639

Filing Date  
March 20, 2001

Examiner

Group Art Unit  
2164

Invention: **METHOD OF PAYMENT FOR A HEALTHCARE SERVICE**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Attention: Manager, Application Branch

The fee of \$90.00 is to be paid as follows:

- ☒ A check in the amount of the fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No.  
A duplicate copy of this sheet is enclosed.
- ☐ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No.  
A duplicate copy of this sheet is enclosed.

  
Signature

Dated: June 26, 2001

John G. Posa  
Reg. No. 37,424  
Gifford, Krass, Groh et al.  
280 N. Old Woodward Ave., Suite 400  
Birmingham, MI 48009  
734/913-9300

I certify that this document and fee is being deposited on 6-27-01 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

  
Signature of Person Mailing Correspondence

Sheryl L. Hammer

Typed or Printed Name of Person Mailing Correspondence

cc:



#5.

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Levine

Serial No.: 09/812,639

Group Art Unit: 2164

Filed: March 20, 2001

Examiner:

For: METHOD OF PAYMENT FOR A HEALTHCARE SERVICE

**REQUEST FOR CORRECTED FILING RECEIPT**

1. Attached is a copy of the official filing receipt received from the PTO in the above-referenced application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data which is:

- ☒ incorrectly entered  
and/or
- ☐ omitted

*Error in*

*Correct data*

☒ Applicant's name

1. An Carroll should be deleted;  
this was an error on the  
original Declaration. There is  
no such person/inventor.

- ☐ Applicant's address
- ☐ Title
- ☐ Filing date
- ☐ Serial number
- ☐ Attorney Docket No.
- ☐ Drawings

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

3. *(Complete the following applicable item A or B)*

A. ☐ The correction(s) is/are not due to any error by Applicant and no fee is due.

**OR**

B. ☒ At least one of the above corrections is due to Applicant's error and the fee therefor under 37 CFR 1.19(h) of \$25.00 is paid as follows:

- ☒ enclosed is check for \$25.00  
☐ charge Account \_\_\_\_\_ \$25.00

Reg. No.: 37,424

\_\_\_\_\_  
*Signature of Attorney*

Tel. No.: (734) 913-9300

John G. Posa  
Gifford, Krass, Groh, Sprinkle,  
Anderson & Citkowski  
280 N. Old Woodward Ave., Suite 400  
Birmingham, MI 48009  
FAX (734) 913-6007

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**CERTIFICATE OF MAILING (37 CFR 1.8(a))**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: \_\_\_\_\_

\_\_\_\_\_  
Sheryl L. Hammer

#5



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/812,639	03/20/2001	2164	355	LVN-08602/03	2	11	3

CONFIRMATION NO. 1113

## FILING RECEIPT



\*OC00000006015298\*

Gifford, Krass, Groh  
280 N. Old Woodward Ave., Suite 400  
Birmingham, MI 48009

Date Mailed: 04/27/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Michael R. Levine, Pinckney, MI;  
An Carroll, Residence Not Provided;

## Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/190,688 03/20/2000

## Foreign Applications

If Required, Foreign Filing License Granted 04/26/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

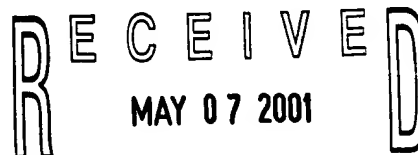
Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

Method of payment for a healthcare service



GIFFORD, KRASS, GROH, SPRINKLE,  
ANDERSON & CITKOWSKI, P.C.





**Preliminary Class**

705

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**Data entry by : MILANI, JALEH**

**Team : OIPE**

**Date: 04/27/2001**

